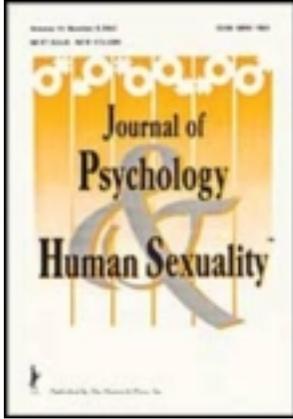


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Lesbians in Psychotherapy

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Lesbians in Psychotherapy: Relationship of Shame and Attachment Style

G. Beverly Wells, PhD

SUMMARY. Using self-report measures, this study explored the relationship of attachment style and internalized shame among 100 self-identified lesbians. The participants were in the highest stage of lesbian identity integration (Cass's model, stage 6, synthesis) and were in ongoing interpersonal psychotherapy. Compared to earlier research on a non-clinical national sample of 317 self-identified lesbians, this sample of mid-life lesbians (predominantly European-American and college educated) reported higher levels of secure attachment and lower (non-clinical) levels of internalized shame. Collectively, scores of the four attachment styles predicted 43% of the variability in internalized shame. Secure attachment significantly predicted reduced shame. This article in-

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cludes a discussion of theoretical and practical implications of the findings. [Article copies available for a fee from *The Haworth Document Delivery Service*: 1-800-HAWORTH. E-mail address: <docdelivery@haworthpress.com> Website: <<http://www.HaworthPress.com>> © 2003 by *The Haworth Press, Inc.* All rights reserved.]

KEYWORDS. Lesbians, psychotherapy, shame, attachment, mental health

Attachment theory provides a way to better understand attachment styles and their relationship to affect regulation and interpersonal psychotherapy (Bowlby, 1973, 1988; Schore, 2003). Its usefulness is twofold. First, attachment theory focuses on how early life experiences affect the development of internal working models of the self and others, which ultimately influence subsequent relationships throughout the lifespan. Secondly, attachment theory provides a frame to help us examine the potential implications of the therapeutic relationship on attachment style and regulation of affect. Many approaches recognize the importance of the therapeutic relationship in developing secure attachment, yet empirical data on psychotherapy and the relationship of shame and attachment style among stigmatized groups, such as lesbians, is scarce.

In a prior study, Wells and Hansen (2003) found that 317 non-clinical lesbians revealed high levels of both dismissing attachment and internalized shame despite having reached the highest levels of lesbian identity integration. This led to the central concern of this study. What would be the relationship of shame and attachment among a similar clinical sample of lesbians who were in ongoing interpersonal psychotherapy?

The earlier study (Wells & Hansen, 2003) provided support that lesbians, like other marginalized groups, suffer wide-ranging effects of stigma, including internalized shame and difficulties in developing a positive identity (Kaufman & Raphael, 1996). They further discovered that even lesbians who had established the highest levels of lesbian identity integration still suffered from high levels of internalized shame. Lesbian identity integration refers to the integration of one's affectional and sexual orientation into overall personal identity (Bohan, 1996). Both this study and the earlier study (Wells & Hansen, 2003) applied Cass's congruency model (1979, 1984), the most widely cited model in

empirical research (Cass, 1984; Chapman & Brannock, 1987; Levine, 1997). Stages of Cass's model parallel models for other stigmatized groups, such as racial identity models.

One implication of Cass's model is that effects of stigma are experienced to a lesser degree as lesbian identity integration increases. Prior research with 317 self-identified lesbians supports this view in that lesbians at stages 4, 5, and 6 reported lower internalized shame than those in earlier stages of lesbian identity formation (Wells & Hansen, 2003). To control for this variable, the current study was limited to lesbians at stage 6 (synthesis), the highest level of identity integration.

Another possible consequence of stigma is the experience of shame (Kaufman, 1996; Kaufman & Raphael, 1996). Being seen as *different* is one potent source of shame. Often, being *lesbian* is renounced as being *sick* and *unnatural*. Embedded in these judgments are expressions of intense shame about one's identity. Shame is deeply connected to self-esteem, identity, and close relationships (Kaufman, 1996; Levine, 1997; Schore, 2003; Wells & Hansen, 2003). Feelings of internalized shame often lead to a desire to hide and become distrustful of others as in the lesbian experience below.

I felt flushed and queasy after coming out to my family. Mom burst out with, "You can't be one of those horrible people!" I wanted the floor to swallow me up. (Beverly Wells, personal interview, August 31, 2003)

Helen Block Lewis (1987) has spoken of shame as "an inevitable response to loss of love" (p. 30), i.e., that "losing someone to whom one is attached . . . feels like a loss of self-esteem" (p. 32). Elaborating further, Lewis (1987) states that shame is the affective experience in which "one accepts the loss of the other as if it were a loss in the self" (p. 32). An empirical study of the depressive disorders suggests that "negative self-esteem" forms the foundation of all types of depression and that shame is the affective-cognitive state of low self-esteem (Prosen, Clark, Harrow, & Fawcett, 1983). Finally, low self-esteem and shame are associated with a wide variety of problems for which individuals, regardless of gender and sexual orientation, seek psychotherapy (Jacoby, 1994; Nathanson, 1992; Tangney, Burgraf, & Wagner, 1995).

Much has been written about shame and its importance in early attachment relationships and in identity formation (e.g., Lewis, 1971; Basch, 1985; Kaufman, 1996; Schore, 2003). Kaufman (1996) speaks of shame binds, specifically when the need for a secure bond with the

parent is unmet, resulting in an internalized bind between shame and relationship distress. Kaufman (1996) stated that shame may become so pervasive that "one's identity becomes based on shame" (p. 108).

Schore (2003) refers to shame-induced misattunement with the primary caregiver. Patterns of such misattunement create "a belief that one's affective needs generally are unacceptable and shameful" (Basch, 1985, p. 35). Internalized shame becomes associated with an expectation of painful affect that the individual is unable to modulate, resulting in conscious avoidance of painful affect (Lewis, 1971). This pattern may contribute to what has come to be known as a dismissing attachment style. Recently, Cook (1994; 2000) has examined internalized shame using an empirical approach.

Kaufman and Raphael (1996) also have described how lesbians and gay men may be at higher risk for developing internalized shame due to familial misattunement and marginalized status in society. An earlier study provided preliminary support for this belief. Applying Cook's (1994) empirical approach, Wells (1996) found that self-identified lesbians, gay men, and bisexuals combined scored significantly higher on internalized shame than did self-identified heterosexual men and women. More recently, a non-clinical sample of 317 self-identified lesbians (Wells & Hansen, 2003) revealed an overall mean shame score of 48.9 ($SD = 14.3$), close to the cut-off score of 50 for clinically significant shame scores (Cook, 1994), providing further evidence to support this expectation. However, internalized shame has not yet been examined in a stage 6 sample of lesbians in ongoing psychotherapy.

The second variable of interest in this study was attachment style, specifically the disproportionate percentage of dismissing (avoidant) attachment style scores among this same national non-clinical sample of lesbians (Wells & Hansen, 2003). Individuals with this adaptive attachment pattern deal with the anxieties of close relationships through emotional distancing. Such isolating behavior impacts all close relationships including the relationship with oneself (Siegel, 1999). Naturally intense emotions may become muted or "flattened," leaving the individual feeling distant from one's own feelings.

Bowlby's (1988) internal working model of attachment extends basic views of self and others to interpersonal relationships throughout the lifespan, while more recent studies (Siegel, 1999; Schore, 2003) have linked shame and affect dysregulation to the development of insecure attachment patterns. Although the existing research with lesbian samples (Greenfield & Thelen, 1997; Ridge & Feeney, 1998) has revealed differing frequencies of insecure attachment styles (anxious-ambivalent

vs. avoidant styles), Wells and Hansen's (2003) non-clinical sample of lesbians revealed 49% with secure attachment style and 51% with insecure attachment styles. Of those with insecure attachment, 45% were classified with a dismissing style. High levels of internalized shame, as expected, were more closely associated with insecure styles of all kinds.

Daniel Siegel (1999) suggested that early secure attachment helps the individual develop the capacities for (a) knowing oneself over time, (b) social cognition, i.e., empathy and the ability to understand others, (c) flexibility resulting from the ability to weigh options before acting, and (d) emotion regulation, e.g., the ability to soothe oneself and to be soothed by others. Since interpersonal and other psychodynamic therapies are hypothesized to provide a base upon which secure attachment may develop, this study asks the question, "Would lesbians in ongoing psychotherapy reveal more participants with secure attachment styles?" In Wells and Hansen's (2003) non-clinical sample of 317 lesbians, each insecure attachment style was positively related to internalized shame ($p < .001$) while secure attachment was negatively related to internalized shame: ($r(317) = -.51, p < .001$).

Based on Bowlby's (1979) earlier work, Bartholomew (1990) proposed a model of adult attachment characterized by two underlying dimensions: model of the self (either positive or negative) and model of others (either positive or negative). These dimensions produce four possible attachment styles: secure (positive self and other), preoccupied (negative self, positive other), dismissing (positive self, negative other), and fearful (negative self and other). To maintain consistency with the Wells and Hansen (2003) study, this research applied Bartholomew's model of adult attachment, which has been supported by previous research (e.g., Bartholomew & Horowitz, 1991; Diehl, Elnick, Bourbeau, & Labouvie-Vief, 1998; Horowitz, Rosenberg, & Bartholomew, 1993).

One such study (Bartholomew & Horowitz, 1991) examined the relationships between attachment styles and personal insecurity, sociability, and interpersonal problems. Individuals with preoccupied and fearful styles (both representing negative self dimensions) responded similarly to measures of personal insecurity. The two groups classified as avoidant in close relationships (fearful and dismissing, both representing negative other dimensions) had difficulties in becoming close to and relying on others. Individuals with a preoccupied attachment style (negative self, positive other) tended to blame themselves for perceived rejections by others. In contrast, persons with a dismissing style (positive self, negative other) minimized the importance of others experi-

enced as rejecting, thereby deflecting the hurt, and appeared to maintain higher self-esteem.

In their sample of 317 non-clinical lesbians (mean age = 39.9, SD = 11.1) Wells and Hansen (2003) found, as expected, that secure attachment was negatively related to internalized shame ($r = -.51, p < .001$) whereas the insecure attachment styles were positively related to shame: fearful attachment ($r = .57, p < .001$); preoccupied attachment ($r = .33, p < .001$); and dismissing attachment ($r = .19, p < .001$). As a participant's insecure attachment score increased, her score on internalized shame increased as well.

The final concern of this study was to examine the relationship of the four attachment style scores to the variability in shame scores to determine statistical significance of both collective and individual predictors. Among their non-clinical participants, Wells and Hansen (2003) found that although collectively their predictors (four attachment styles plus lesbian identity stage) explained a statistically significant (40%) amount of the variability in shame ($R^2 = .40, F(5, 311) = 42.5, p < .001$), only three of the five individual predictors were statistically significant at the ($p < .001$) level: secure, fearful, and preoccupied. Scores on dismissing attachment and lesbian identity integration, however, did not individually predict internalized shame.

The goals of the current study were to determine (a) if a similar sample of lesbians in ongoing interpersonal psychotherapy would reveal more participants with secure attachment and fewer with dismissing attachment style, and thus, a greater percentage with a positive self-view than the previous non-clinical sample, (b) if levels of internalized shame would be lower (in the non-clinical range) for this sample than in the non-clinical sample, and (c) statistical significance of predictor variables (shame and attachment), both collectively and individually. The literature suggests that lesbians in ongoing interpersonal psychotherapy would reveal an increase in secure attachment and a decrease in internalized shame, whereas secure attachment (hypothesized to increase the ability to regulate affect) would be the individually significant predictor variable.

METHOD

Participants and Procedures

Participants were 100 self-identified lesbians, ranging in age from 35 to 55 years (mean age = 49.5) who had been in ongoing individual inter-

personal psychotherapy from 3 to 10 years (mean years = 6), with sessions averaging once a week. Participants had initially sought psychotherapy for "relationship issues." The participants were volunteers. They were employed in professional careers and resided in California. All participants had completed some college education, ranging from 2 to 6 years (mean years = 4). Their predominant ethnicity was European-American (70%) with 15% Latin-American, 10% African-American, and 5% Asian-American. Most (60%) were in a partnered relationship, and 55% reported an annual income between \$30,000 and \$55,000.

To generate a sample of participants who were (a) middle-aged, (b) had a minimum of an eighth grade English reading level, (c) had been in individual interpersonal psychotherapy for a minimum of 3 years for "relationship issues," (d) believed that they had accepted and integrated their identity as a lesbian into their life as a whole, and (e) were willing "to explore feelings associated with how they, as self-identified lesbians, experience themselves and their relationships," the author contacted psychotherapists in Northern California who posted or distributed a flyer announcing the study and its purpose to prospective participants in their clinical practice. Prospective participants who expressed interest in the study were given questionnaire packets by their therapists. Participants returned the packets to the author in the stamped, self-addressed envelope provided.

Instructions and a background questionnaire appeared first in the packet, followed by the three other questionnaires in counterbalanced order (Self-identity Questionnaire, Levine, 1997; Internalized Shame Scale, Cook, 1994; and the Relationship Styles Questionnaire, Griffin & Bartholomew, 1994). Analyses of Variance to test for order effects were not statistically significant. The author sent a summary of the results to each participant who requested this information.

INSTRUMENTS

Self-Identity Questionnaire (SIQ)

The Self-Identity Questionnaire (Brady & Busse, 1994; Levine, 1997), based on an earlier measure (Cass, 1984), is an inventory of 45 randomly-ordered items. Participants rated each item as either true or false. Three of the items serve as validity checks. Identity stage designation was derived from the other 42 items, which include six subsets of 7 questions each. Each subset represents one stage in Cass's model. Each

true response is added and the subset containing the most points represents the participant's stage designation. Levine's (1997) participant results were as follows: stage 4 (identity acceptance), 31%; stage 5 (identity pride), 21%; and stage 6 (identity synthesis), 40%. Stages 1 through 3 (identity confusion, comparison, and tolerance) comprised the final 8%.

Internal consistency coefficients for subsets varied from .58 (stage 5) to .80 (stage 1) (Levine, 1997). Brady and Busse (1994) and Levine (1997) found that the SIQ appears to offer a valid assessment for lesbians in the higher stages of identity development. Levine's (1997) sample of 118 self-identified, mid-life (mean = 31.4, range from 18 to 56), educated, predominately European-American lesbians revealed a positive relationship between high SIQ scores and high self-esteem. SIQ stage was used as a continuous variable for correlational analyses. A similar procedure was used in the analysis of this study.

Internalized Shame Scale (ISS)

The 30-item ISS (Cook, 1994) was developed to assess "internalized shame" and "shame-based identity" concepts. It contains 24 items that measure shame in each of the two scales and a 6-item subscale to reduce response set bias. Each item (e.g., I feel like I am somehow defective as a person) is rated on a 5-point Likert scale from 0 (never) to 4 (almost always). When the item ratings are added, they result in a total shame score ranging from 0 to 96.

Cronbach's α was .95 and the 7-week test-retest reliability was .84 for the total shame score (Cook, 1994). Convergent validity data revealed significant positive correlations between the total shame score and the Janis-Fields Feelings of Inadequacy Scale ($r = .81$), the Multiscore Depression Inventory's Alienation subscale ($r = .74$), and the Bell Object Relations and Reality Testing Inventory's Alienation subscale ($r = .67$) (Cook, 1994). Discriminate validity data revealed significant negative correlations between the total shame score and the Coopersmith Self-Esteem Scale ($r = -.52$) and the Tennessee Self-Concept Scale total score ($r = -.66$) (Cook, 1994). Likewise, the ISS shame score was found to be unrelated to the Marlowe-Crowne Social Desirability Scale ($r = .16$) (Cook, 1994).

Relationship Styles Questionnaire (RSQ)

The RSQ includes 30 phrases consistent with four attachment patterns: secure, fearful, preoccupied, and dismissing (Griffin & Bartholomew,

1994). Participants are asked to identify how they typically feel in their adult romantic relationships using 30 statements (e.g., I worry I will be hurt if I allow myself to become too close to others) and a 5-point Likert scale from 1 (not at all like me) to 5 (very much like me). Likert ratings are added together for the four items associated with each of the fearful or preoccupied patterns and for the five items associated with each of the secure or dismissing patterns. The additional 12 items were included to obscure the nature of the questionnaire. Scores are then standardized to provide comparisons (1 to 5), and the category with the highest score indicates the attachment style. Categorical attachment style was used only to compare this sample's distribution with prior research. Otherwise, consistent with the findings of Fraley and Waller (1998), continuous scores were used in all analyses to better capture the dimensional nature of attachment.

Wells and Hansen (2003) found Cronbach *alphas* similar to previous studies: .48 for secure, .80 for fearful, .68 for preoccupied, and .70 for dismissing. These internal consistency coefficients are probably related to the small number of items ($n = 4$ or 5) contained on each of the four subscales. Fraley and Shaver (1997) reported test-retest coefficients of $r = .65$ over a 3-week period. Convergent validity of the RSQ was revealed with the Relationship Questionnaire (Dutton, Saunders, Starzomski, & Bartholomew, 1994), interview ratings (Griffin & Bartholomew, 1994), the Adult Attachment Scale (Holtzworth-Munroe, Stuart & Hutchinson, 1997), and measures of relationship quality, emotional experience, and relationship dynamics (Fraley & Shaver, 1997). The underlying two dimensions (self-model and other-model, anxiety and avoidance) of the four attachment styles were confirmed through various analyses (Griffin & Bartholomew, 1994). Despite modest psychometric properties, the RSQ is the only multi-item adult attachment scale that provides continuous scores for each of Bartholomew's four attachment patterns. To maintain consistency with the earlier non-clinical study, the author selected it for use in this study.

RESULTS

Of the 128 packets the author received, 100 were selected for inclusion in this study. Of those excluded, 5 were incomplete and the remaining 23 were at stages earlier than stage 6. To control for the variable of lesbian identity development, the study included only those 100 com-

peted packets in which the participants were classified as stage 6 (synthesis), the highest stage of lesbian identity integration.

One goal of this study was to describe the attachment styles to determine if the mid-life lesbians in ongoing psychotherapy would reveal similar or different attachment patterns compared to the earlier non-clinical sample, in particular, to determine if there would be an increase in proportion of participants with secure attachment style. Of the 100 participants, attachment styles were classified as follows: 58% secure; 28% dismissive; 6% fearful; and 8% preoccupied, revealing a positive self-view in 86% of the sample and a negative self-view in 14% of the sample.

Compared to the non-clinical lesbians (Wells & Hansen, 2003), this sample revealed more lesbians with secure attachment (58%, a majority) whereas the earlier non-clinical sample was found to have 49%, just under half of the sample. In this study, only 28% were found to have a dismissing attachment style whereas the non-clinical sample revealed 45% with dismissing attachment, almost twice as many as in this study. Both studies revealed lower percentages of the other two insecure styles compared with dismissing: fearful (6% current study, 3% earlier study); and preoccupied (8% current study, 3% earlier study). Both studies revealed more dismissing attachment compared to other insecure styles. However, this study differs from the earlier non-clinical one in that it revealed a greater number of lesbians with a secure attachment style.

Whether the higher percentage of those with secure attachment is related to their participation in ongoing interpersonal therapy needs to be supported by further research. Theoretically, providing a "secure base" through interpersonal psychotherapy would be expected to support an increase in secure attachment. As shown in Table 1, the highest variable intercorrelations appear between RSQ fearful ($r = -.43, p < .001$) and RSQ secure. This is consistent with Bartholomew's model in which the two attachment styles are polar opposites, with fearful combining both negative self and negative other whereas secure combines both positive self and positive other dimensions.

The overall mean shame score for this sample was 45.9 (SD = 10.3), within the standard deviation range (mean = 33, SD = 16) (Cook, 1994) for non-clinical adult females and significantly lower than the mean shame score (mean = 53, SD = 19) for female alcoholics (Cook, 1994). A *t*-test comparison between these samples revealed that the lesbians in this sample reported significantly less shame than Cook's (1994) clinical sample, $t(277) = 2.08, p < .05$. This is in contrast to Wells and Hansen's (2003) earlier non-clinical sample of lesbians, whose mean

TABLE 1. Correlations Among the Variables: Shame Scores and RSQ Attachment Styles (N = 100)

<i>Variable</i>	1	2	3	4	5
1. ISS shame score	1.00	-.36***	.04	.33***	.22**
2. RSQ secure attachment		1.00	-.09	-.43***	-.19*
3. RSQ dismissing attachment			1.00	.27**	-.11
4. RSQ fearful attachment				1.00	.26**
5. RSQ preoccupied attachment					1.00

* $p < .05$, ** $p < .01$, *** $p < .001$

Note. ISS = Internalized Shame Scale (Cook, 1994); RSQ = Relationship Styles Questionnaire (Griffin & Bartholomew, 1994).

shame score (48.9), was close to the clinically significant cut-off shame score of 50 (Cook, 1994).

The final goal of this study was to examine the four attachment style scores and their relationship to the variability in shame scores to determine statistical significance of both collective and individual predictors. Taken together, the four attachment style predictors explained a statistically significant amount (43%) of the variability in shame ($p < .001$). As shown in Table 2, only one of the individual predictors was statistically significant: secure ($\beta = -.26, p < .001$). This finding is consistent with Bowlby's construct of attachment (1988) and Kaufman's (1996) affect theory, which predicts that individuals with secure attachment would obtain significantly lower internalized shame scores than would those with insecure attachment. Results are also consistent with implications of the literature (Siegel, 1999; Schore, 2003) that individuals with secure attachment would be better able to regulate affect.

DISCUSSION

This sample of 100 middle-aged, educated, predominately European-American self-identified lesbians were all classified at the highest level of lesbian identity integration, having reached Cass's stage 6, synthesis. The investigator selected this group to control the variable of lesbian identity integration. However, future studies should expand on this sample by seeking participants who are at earlier stages of lesbian identity development and who also are in ongoing psychotherapy.

TABLE 2. Multiple Regression Analysis for Predicting Levels of Internalized Shame (N = 100)

Predictor Variables	B	SE B	β
Secure Attachment	-3.78	1.51	-.26**
Dismissing Attachment	-.35	1.31	.03
Fearful Attachment	2.17	1.21	.19
Preoccupied Attachment	1.68	1.36	.12

** $p < .01$

Note. $R^2 = .43$, $F(4/95) = 5.39$, $p < .001$

Compared to the earlier study of non-clinical self-identified lesbians (Wells & Hansen, 2003), this sample of lesbians in ongoing psychotherapy revealed ISS shame scores (mean = 45.9) within the high normative range for non-clinical females whereas the earlier study of lesbians, (98% at stage 4, identity acceptance or higher; 58% at stage 6, synthesis) scored (mean = 48.9) very near the cut-off score for clinical females (50 for affective disorders; 53 for alcoholics) (Cook, 1994). If, as Kaufman and Raphael (1996) suggest, lesbians seek psychotherapy to address issues related to shame and stigma, which affect how they see themselves in relationship to significant others, interpersonal psychotherapy may contribute to a reduction in stigma-induced internalized shame. More studies of lesbians who have completed or are in ongoing psychotherapy would help to determine whether there is further support for this notion.

As expected from the earlier study of non-clinical lesbians, secure attachment was found to be negatively related to shame. Also, among these lesbians in ongoing psychotherapy, 58% (a clear majority) were classified with secure attachment compared with 49% secure (just under half) in the earlier non-clinical study. Similar to the earlier study, of the three insecure styles, dismissing attachment was the most prevalent style, with considerably fewer (28%) in the current study compared to almost half (45%) in the non-clinical study. As in the earlier study, the four attachment styles collectively contributed a statistically significant amount of the variability in shame (40% in the earlier study; 43% in the current study). However, unlike the earlier study, only one predictor variable, secure attachment style, was individually significant in explaining variability in shame ($\beta = -.26$, $p < .001$), a finding consistent

with Bowlby's construct of attachment (1988) and Kaufman's affect theory (1996) that individuals with secure attachment would obtain significantly lower internalized shame scores than would those with any style of insecure attachment.

Although attachment styles among psychotherapy clients have been associated with different patterns of interpersonal problems, the efficacy of short-term dynamic therapy to treat these problems has had the poorest prognosis with individuals with dismissing attachment style (Horowitz et al., 1993). However, among this sample with a mean of six years in interpersonal psychotherapy, secure attachment style predominated. These findings suggest that it may take longer for psychotherapists to establish a therapeutic alliance with their lesbian clients, who have been stigmatized by families and society, and who have adopted a dismissing attachment style. Providing acceptance and support consistently over time within a safe therapeutic alliance can be a powerful therapeutic intervention, one that provides secure-base priming. Such priming for secure attachment experiences and capacities through interpersonal psychotherapy may help lesbians with dismissing attachment to better modulate intense emotions and manage interpersonal relationships without activating extreme avoidant behaviors.

LIMITATIONS

This study extends our knowledge of the relationship between shame and attachment patterns among lesbians and provides preliminary implications for the effect of interpersonal psychotherapy on attachment style and shame. Some cautions are important to keep in mind, however. First, all data came from self-report measures. As such, response set could be operating to cloud the real relationships between variables. Secondly, participants were predominantly European-American and college educated. Future research should include a larger sample size containing greater diversity.

Although the findings of this study suggest that ongoing psychotherapy may have a positive influence on the development of secure attachment and reduction of internalized shame, further research with lesbians who have completed at least 3 years of interpersonal therapy is needed to determine whether these findings can be generalized to lesbians, as a group. A longitudinal study of lesbians would provide even more data on attachment style and internalized shame.

Finally, correlational analyses do not determine causal relationships. Future research using structural equation modeling may aid us in understanding whether early misattunement leads to a shame-based identity which, in turn, influences adult attachment style or if early misattunement helps form an enduring attachment style, which contributes to a shame-based identity within a society which stigmatizes lesbians. Future research should attempt to operationalize the concept of stigma directly and then investigate its relationship to internalized shame and attachment.

Despite these reservations, the present study suggests that college educated mid-life lesbians who have reached the highest level of lesbian identity integration and are in ongoing psychotherapy for a minimum of 3 years, experience non-clinical levels of internalized shame, and the majority has developed a secure attachment style. Although much remains to be learned about internalized shame, psychotherapy, and adult attachment for lesbians, this study has been an attempt to shine more light on a less visible corner of the psychological literature.

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